



Application to Supervise a Counseling Practicum Student or Intern

MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of Student and Family Support and Engagement
School Counseling Services

MCPS Form 440-12A
July 2018

Carver Educational Services Center (CESC), 850 Hungerford Drive, Room 50, Rockville, MD 20850

PART I: REQUEST. To be completed by any counselor who would like to be a supervising counselor. PLEASE PRINT CLEARLY

School name _____

Counselor Applicant Name: Last _____ First _____ Employee ID # _____

I would like to be a supervising counselor during the school year _____

I will accept a Practicum Student/Internship Student *(Assignment will depend on the number of preservice students requesting placement.)*

To assure compliance with [MCPS Regulation GME-RA, Student Teacher/Intern Program: Selection of Supervising Teachers and Assignment of College Students](#), Please complete the Following:

Number of years as a counselor *(minimum 3 years required)* _____ Number of years as a counselor in MCPS _____

Type of professional certificate you hold: Standard Advanced (must be rated *first class* in area of teaching assignment)

Have you received performance ratings of "effective" on all criteria of the counselor evaluation instrument for the past three years?
 Yes No

Have you taken courses or workshops in the area of coaching or supervision? Yes No

If Yes, please briefly describe your experience in this area

Have you had previous experience supervising a counseling practicum student or intern? Yes No

If Yes, when? Dates ____/____/____, ____/____/____, ____/____/____, ____/____/____

Counselor Signature _____ Date ____/____/____

PART II: RECOMMENDATION. To be completed by Principal and forwarded to School Counseling Services, CESC, 850 Hungerford Drive, Room 50.

Recommended Not Recommended

Comments:

Principal's Name (Please Print) _____

Principal Signature _____ Date ____/____/____

PART III: RECOMMENDATION. To be completed by Preservice Coordinator Only

Fall Student Assigned _____ Institution _____

Spring Student Assigned _____ Institution _____